PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

MAY 02 2019

NEW HAMPSHIRE

I. Name of Lobbyist	(s) <u>Kel</u>	14 Buch	anan			DEPARTMENT OF ST
II. Name of lobbyist	's partne	rship, firm or co	rporation, if	any:		
NH LAK	ES ume of parti	nership, firm or cor	poration)			
				1	416	
7 Cheneus Business Address: (S	Dr.	Suite 1	Concor	<u>d</u>	NH	(Zip Code)
					(State)	` • ′
(603) <u>226 0</u> (Telephone)	<u> ସ </u>	(603)	<i>224 9</i> (Fa	<u>442</u> x)	e-mail <u>Kbuck</u>	anan@nhlakes.org
reportable expense	transactio	ns which are no	t attributable	e to any or	e client).	ay file a separate report for
All reportable tra	LAKES		nonths prior t	o the repor	ing date relative to the	e tonowing chem:
<u> </u>	(Full Na	ame of Client as it a	oppears on the I	obbyist Re	gistration Form)	
OR	(* ****	01 0110111 115 11 1		2000) 101 110	5.5	
All reportable tran			icluding the lo	obbyist's fa	mily), or the lobbying	g firm listed below which are
IV. Date of Report	April	24, 2019 🛘			July 31, 2019 🔲	
	ivity from a	vity from date of registration to 3/31/19			from 4/1/19 to 6/30/19	1
		er 30, 2019 🛭			January 29, 2020 🗌	
	activity fi	om 7/1/19 to 9/30/	19	activii	y from 10/1/19 to 12/31	/19
	l, complete				ctions made since t ary of State's Office, S	he last report. State House, Room 204,
VI. Check if additio	nal repor	ts are attached:				
	•		ires, you musi	file Adde	ndum A- Fees and E	xpenses
•	an honora	•	-			port of Honorariums or
☐ If you, your firm	ı, or your f	àmily has made p	olitical contri	ibutions, ye	ou must file Addend	ım C- Political Contributions
Sworn Statement/A 1 have read RSA 15, and complete to the b	RSA 15-E	RSA 14-C and		hereby sw	ear or affirm that the	foregoing information is true
(Signature of lobby)					4/19/19 (Da	<u>1</u>
(Signature of lobbyi	st)				(Da	te)
(Print Name of lobb	Buch	anan_				

L E A S E R

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Kelly Buchanan	
II. Name of lobbyist's partnership, firm or corporation, if any:	
NH LAKES (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	
III. Name of Client NH LAKES	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ <u>349.00</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$5,512. 44 ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ 5,861.64
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of le being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
N/A	
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section V1.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
is the and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	4/19/19 (Date)
•	(Date)
(Print Name of lobbyist)	